

Kentucky Office of Vocational Rehabilitation

OVR SE 7-Extended Services Report

Instructions

The purpose of this form is to record information related to extended services for the Individual. Please pay attention to the important reminders on the form and in the instructions.

Individual Name Enter the first and last name of the Individual.

Counselor Name Enter the first and last name of the counselor.

Provider Name Enter the name of the CRP providing the services.

Employment Specialist Name Enter the first and last name of the employment specialist from the CRP.

Is this Individual between the ages of 14 and 24? (Choose one) Select whether the Individual is between the ages of 14 and 24.

If yes, have you requested an authorization for Extended Services for youth? (Choose one) Select whether an authorization has been requested for Extended Services for youth? Please answer no if the answer to the previous question was no.

Is the individual's employment stable? (Choose one) Select whether the individual's employment is stable.

If no, how will you assist the individual in obtaining employment stability.

State how the individual will be assisting in obtaining employment stability if answer above is no. Also, contact the counselor.

Ongoing supports will be provided (Choose one)

Select whether ongoing supports will be provided.

Total billable hours for Extended Services for youth.

Enter the total billable hours for Extended Services for youth for the month if the Individual is a youth, ages 14-24.

Reminder

If the Individual is a youth (ages 14-24), then enter the total billable hours.

Extended services are to be provided throughout the duration of the individual's employment.

Extended services are required, at a minimum, 2 times per month for each Individual in supported employment.

The twice a month mandate must be conducted at the worksite with the individual.

Exceptions to extended services requirements must be reflected in the Step-Down Support Plan and submitted to and approved by the OVR CRP Branch.

Description and Schedule of Extended Services provided for the month

Please enter the date, hours, activity, and result for each service that was provided for the month. Give as much detail as possible for the result.

Use this space if additional dates, times, activities, and results have been provided

Enter any additional dates, times, activities, and results that have been provided that were not mentioned above.

Number of hours

Enter the number of hours for the month.

Date Completed

Enter the date that the report was completed.

Submit to OVR by the 5th day of the subsequent month to the OVR Counselor.